

Basic Plus Active Saver

Cover for limited hospital services and extras to help protect you from the unexpected

A package cover with entry level Hospital and a healthy range of extras. Designed for young people, with an overall limit of \$1000 for all your included extras each calendar year, and up to 60% back for most items at our extras network providers (Members First).



Basic Plus Hospital



Low Extras

Product Availability

South Australia

This product is available in each state of Australia. This statement provides information on the benefits available and the premiums in

Provides cover for

Single - only one person.

Base premium before any rebate, loading or discount

\$125.85 per month

You may be entitled to the Australian Government rebate on this premium. Your individual premium may also include a Lifetime Health Cover loading, an age-based discount for 18 to 29-year-olds and/or a corporate discount.

Medicare Levy Surcharge (MLS)

This policy exempts you from the Medicare Levy Surcharge.

Policy Information

This document provides general information and guidance about the product, including an overview of what is and is not covered, comparative 'base' premium and example benefits. The information in this document should be read in conjunction with Bupa's Important Information Guide, fund and policy rules. For more information and to discuss your specific needs, please contact us.

Get in touch

- Call us on 134 135
- Visit bupa.com.au
- Log into mybupa.com.au
- Visit your nearest Bupa Store

Call us first

When planning treatment, call us first to discuss your options and check what you're covered for including waiting periods. Other important information you should know can be found in our Important Information Guide and our Fund Rules. Visit bupa.com.au, call us on 134 135 or drop by your local Bupa store to get your copy of the guide and rules. To find a store near you, visit bupa.com.au/find-a-store





Hospital Cover

Basic Plus Active Saver

Provides benefits towards hospital accommodation and doctors' fees if you're admitted to hospital.

This policy includes cover for

- ✓ Tonsils, adenoids and grommets
- ✓ Joint reconstructions
- ✓ Hernia and appendix
- ✓ Lung and chest **
- ✓ Gynaecology
- ✓ Miscarriage and termination of pregnancy
- ✓ Dental surgery
- ✓ Podiatric surgery (provided by a registered podiatric surgeon) #
- R Rehabilitation
- R Hospital psychiatric services
- R Palliative care

This policy does not include cover for

- ✗ Brain and nervous system
- ✗ Blood
- ✗ Chemotherapy, radiotherapy and immunotherapy for cancer
- ✗ Eye (not cataracts)
- ✗ Cataracts
- ✗ Ear, nose and throat
- ✗ Implantation of hearing devices
- ✗ Bone, joint and muscle
- ✗ Joint replacements
- ✗ Back, neck and spine
- ✗ Kidney and bladder
- ✗ Dialysis for chronic kidney failure
- ✗ Digestive system
- ✗ Gastrointestinal endoscopy
- ✗ Weight loss surgery
- ✗ Heart and vascular system
- ✗ Pregnancy and birth
- ✗ Assisted reproductive services
- ✗ Male reproductive system
- ✗ Diabetes management (excluding insulin pumps)
- ✗ Insulin pumps
- ✗ Pain management
- ✗ Pain management with device
- ✗ Breast surgery (medically necessary)
- ✗ Plastic and reconstructive surgery (medically necessary)
- ✗ Skin
- ✗ Sleep studies

- ✓ **Included Service**
Benefits for this treatment or service are included on this cover. Further details on what costs are covered are outlined in this document.
- R **Restricted Cover**
Covered for shared room accommodation in a public hospital. You may face large out-of-pocket costs for this treatment in a private hospital, or for a private room in a public hospital.
- ✗ **Excluded Service**
This treatment or service is not included on this cover, and no benefits will be paid.

Limited hospital accommodation and approved prostheses benefits only

Waiting Periods

When first taking out or upgrading health cover, for most services there's a period of time before coverage for the services on the new policy starts. If switching from another health insurer, these waiting periods may not apply, so check with us first.

2 months	for palliative care, rehabilitation and psychiatric treatments
12 months	for pre-existing conditions
2 months	for all other treatments
No waiting period	for accidents after joining

Ambulance

Cover for emergency ambulance transport or on-the-spot treatment by our recognised providers, capped per calendar year at one trip for singles and two for couples or families. If claimable from another source, a benefit won't be paid by Bupa. For more, see the Important Information Guide.

Excess and Co-payment

Excess

No Excess.

Co-payment

Every time you go to hospital you will have to pay \$100 per day for overnight admissions, and \$100 for day surgery (no overnight stay) - up to \$500 per hospital stay.

Hospital Costs

Bupa has agreements with private hospitals to help provide certainty on costs when admitted to hospital for included services.

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer.

For more detail about the types of hospital agreements Bupa has, please visit bupa.com.au/find-a-provider

Network Hospitals

At all agreement hospitals in Bupa's network, receive cover for accommodation, intensive care and theatre fees for included services.

In addition to our Network Hospitals, other agreements include:

Members First Hospitals

Get complimentary local calls, TV usage and a daily newspaper. Access to a single room if booked and requested at least 24 hours prior to admission or get \$50 back from the hospital per night (subject to conditions).

Members First Day Hospitals

No out-of-pocket expenses for medical fees charged by a surgeon, anaesthetist or other specialists when admitted to hospital for included services.

Fixed Fee Hospitals

At a small number of Network Hospitals, an additional set amount or 'fixed fee' may be charged by the hospital per day, capped at a maximum amount for overnight stays. The daily fixed fee amount may vary based on the hospital and is in addition to any excess or co-payment.

Non-agreement/other hospitals

If admitted to a private hospital Bupa does not have an agreement with, the benefit will only partially cover the cost and there are likely to be significant out-of-pocket expenses. Payment may be required upfront for accommodation, doctor's services (including diagnostic tests), surgically implanted prostheses and personal expenses. Some benefits may be claimed back from Bupa for these items.

Medical Costs

Medical costs are fees charged by doctors, surgeons, anaesthetists or other medical specialists for treatment when you're admitted to hospital. The benefits for medical costs depends on whether the specialists participate and choose to use the Bupa Medical Gap Scheme.

Out of pocket costs

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

There are a number of ways to minimise or eliminate your out-of-pocket costs, visit bupa.com.au for more details.

For more information about treatment or service definitions, contact us or go to bupa.com.au/glossary



Things you should know

How you are covered

Members First, Network or Fixed Fee Hospitals

When admitted to a private hospital Bupa has an agreement with, for a service included on your policy, you are covered for inpatient hospital charges including:

- Accommodation for overnight or same-day stays
- Operating theatre and intensive care fees
- Supplied pharmaceuticals approved by the Pharmaceutical Benefit Scheme (PBS)
- Physio, occupational therapy, speech therapy and other allied health services
- Surgically implanted prosthesis listed on the Australian Government Prosthesis List up to the approved benefits
- Private room where available

Public Hospitals

When choosing to be admitted as a private patient in a public hospital for an included service, you are covered for most hospital charges in a similar way as in a private hospital.

You can choose your own doctor, if they are available. The doctor you choose may be the same doctor who would have been allocated by the hospital if you were a public patient.

For accommodation, the benefits paid are the amounts for shared room accommodation as set by the Australian Government. If you are provided a private room, Bupa will pay an additional fixed benefit only. Any charges above this, you will have to pay.

For more information on cover in a Public Hospital, please see the Important Information Guide.

Medical Costs

Medicare has a list of fees for medical treatments called the 'Medicare Benefit Schedule' or 'MBS'. For associated medical costs for included services, Bupa pays 25% of this fee, and Medicare pays 75%. Any charges above the MBS are out-of-pocket costs.

In-hospital Pathology and Radiology diagnostic tests recognised by Medicare and performed by Bupa contracted providers will be billed direct to Bupa, with no gap for you to pay.

When you might have to pay

In Private Hospitals

Situations when you might have to pay include:

- As an outpatient, when not admitted to hospital (e.g. Emergency room treatment)

- The fixed daily fee charged by a Fixed Fee hospital
- Charges above the benefit paid for shared room accommodation at a hospital Bupa does not have an agreement with
- For surgically implanted prostheses not on the Australian Government Prosthesis List, or for charges above the approved benefits for prostheses on the List
- Psychiatric and rehabilitation programs at a hospital Bupa does not have an agreement with
- Hospital treatment not recognised by Medicare. For a comprehensive list please see our Fund Rules.
- Pay TV, internet access, non-local calls, newspapers, boarder fees, meals ordered for visitors, any other personal expenses charged, unless included in your cover
- When in hospital for more than 35 days and have been classified as a 'nursing home type' patient.
- When choosing to use any allied health provider other than the hospital's practitioner for services that are part of inpatient treatment (e.g. chiropractors, dietitians or psychologists)
- Compensation or damages charges claimable from another source (e.g. workers compensation)
- Any treatment or service provided outside Australia
- Some non-Pharmaceutical Benefit Schedule (PBS), high cost drugs

In Public Hospitals

When choosing to be treated as a private patient in a public hospital, you may be charged out-of-pocket costs for:

- Charges above the minimum benefits for shared room accommodation as set by the Australian Government
- Costs for a private room, above the fixed benefit, that Bupa pays in addition to the shared room accommodation benefit
- Charges above the approved benefits on the Australian Government Prosthesis List for surgically implanted prostheses
- Personal expenses e.g. TV hire and telephone calls

Out-of-hospital medical costs

Before or after a hospital admission there will usually be appointments with General Practitioners (GPs), specialists, pathology and/or radiology tests. Health insurers are not permitted, by law, to pay benefits toward medical treatment provided outside of a hospital admission (known as outpatient treatment). You will need to check with your GP or Specialist for any out-of-pocket costs you need to pay.

Services not recognised by Medicare

You will not be covered for medical costs for surgical procedures performed by a dentist, podiatrist, podiatric surgeon or any other practitioner not eligible for a rebate by Medicare. For procedures performed by a dentist or podiatrist, you may be able to claim some of the hospital costs if included on your cover.

How you might reduce costs

Bupa Medical Gap Scheme

The Bupa Medical Gap Scheme is designed to remove or reduce the costs you pay for your treatment in hospital. Where a doctor chooses to use the Scheme for your treatment, they agree to only charge up to a certain fee. Bupa then pays a much higher amount than we normally would to help cover the extra cost.

If a doctor uses the no-gap option, Bupa covers all of the extra charges, so you pay nothing for that doctor's medical fees.

Otherwise, for each doctor choosing to use the Medical Gap Scheme, the most you'll pay is up to \$500 out-of-pocket on medical costs.

Each doctor involved in your treatment can choose to use the Bupa Medical Gap Scheme for your admission in a Public Hospital, or a Private Hospital with which Bupa has an agreement.

See bupa.com.au/medicalgapscheme for more.

Members First Day Hospitals

If you are treated in a Members First Day Hospital, there are no out-of-pocket costs for medical treatment (Not available in NT). Any co-payment or excess as part of your cover will still apply.

Get more from your cover with Bupa

Accident Inclusion

For accidents sustained after joining, treatment which is restricted or is an exclusion on your cover, will be payable in the same way as an included service. For Bupa's accident definition and explanation, please see the Important Information Guide

Travel and Accommodation

Helps cover the cost of travel for essential medical or hospital treatment not available close to home, where the total return distance is 200 kilometres or more from where you live. Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

Overseas Health Advice Line

If the unexpected happens while overseas, our 24-hour health advice line can provide phone-based support and information. Plus, if planning a trip overseas, you can get pre-departure medical information on the countries you are visiting. Just look for the number on the back of your membership card.

Digital Mental Health

Bupa offers rebates for Online-Cognitive Behavioural Therapy courses as part of your Mental Health services. Developed by a team of mental health experts, these courses teach coping skills to help manage symptoms of anxiety and depression. You can claim 100% back of the fee agreed between Bupa and the provider up to yearly limits at Bupa recognised providers.

Bupa Plus

Even when you're in great health, there are still plenty of ways to get everyday value from your cover. For great value discounts visit: bupaplus.com.au

**COVID-19 Response - Lung and Chest Inclusion

In response to COVID-19, we have added Lung and Chest cover to this health insurance policy from 26 March 2020. This means private patient hospital admissions for Lung and Chest conditions are covered, which includes most COVID-19 related treatments.

Extras Cover

Basic Plus Active Saver

Cover for some of the treatments and services that aren't hospital related, like dental and physio.

This policy includes cover for	Waiting periods
✓ General Dental	2 months
✓ Physiotherapy	2 months
✓ Chiropractic & Osteopathy	2 months
✓ Podiatry	2 months
✓ Dietary	2 months
✓ Mental Health (incl. Psychology)	2 months
✓ Digital Mental Health	2 months
✓ Acupuncture	2 months
✓ Remedial Massage	2 months
✓ Chinese Herbalism	2 months
✓ Exercise Physiology	2 months
✓ Health Management	6 months
AO Major Dental & Endodontic	None
AO Orthodontic	None

This policy does not include cover for

✗ Optical
✗ Ante Natal - Midwife
✗ Speech Therapy
✗ Eye Therapy
✗ Occupational Therapy
✗ Non PBS Pharmaceuticals
✗ Home Nursing
✗ Health Aids & Appliances
✗ Hearing Aids
✗ Blood Glucose Monitors
✗ Travel & Accommodation
✓ Included Service Benefits for this treatment or service are included on this cover. Further details on what costs are covered are outlined in this document.
AO Accidents Only Treatment is only covered if resulting from an accident after joining this cover and requiring immediate medical attention.
✗ Excluded Service This treatment or service is not included on this cover, and no benefits will be paid.

^ Waiting periods, fund and policy rules apply.

Waiting Periods

When first taking out or upgrading health cover, for most services there's a period of time before coverage for the services on the new policy starts.

If switching from another health insurer, these waiting periods may not apply, so check with us first.

Get up to 60% back with Members First

We have agreements with a network of dentists, chiropractors, podiatrists and physiotherapists across Australia. We call them our Members First Extras providers.

When you choose to visit a Members First provider, in most instances you will receive higher benefits and on this cover you will have the certainty of receiving at least 60% back for most dental, physio and chiro as well as podiatry consultations - up to your yearly limits.

Pay nothing for check-ups

In addition to Members First benefits, pay nothing for your regular dental check-ups and more at Members First Platinum, up to yearly limits.[^]

Find out more at bupa.com.au/members-first-platinum

Find Members First Platinum dentists at bupa.com.au/find-a-provider

Recognised Providers

Extras service providers must meet certain requirements to be recognised by Bupa and for us to pay towards the cost of your treatment. Before you book a treatment or service, it's a good idea to check with us so we can confirm whether we recognise the provider you're planning to visit.

Find a Provider

Visit bupa.com.au/find-a-provider to check whether your current provider has an agreement with Bupa, or to find a Members First provider. Please note, this does not include a full list of providers.

How to claim?

Electronic claiming on-the-spot is the fastest way to claim. After treatment, swipe your Bupa card and the claim will be processed automatically. There are no forms to complete and you'll only pay the remaining balance.

If you can't claim electronically, for most services you can log onto myBupa and enter the details found on your receipt via the 'make a claim' section. We'll transfer the payment directly to your bank account, so have your BSB and account number ready.

Finally, claim forms are available to print from our website or you can pick one up in a Bupa store.

Services	Benefits**^		Yearly limit per calendar year
General Dental	Members First	Other Recognised Providers	\$1000 per person (combined limit for General Dental, Major Dental & Endodontic, Orthodontic, Physiotherapy, Chiropractic & Osteopathy, Podiatry, Dietary, Mental Health (incl Psychology), Acupuncture, Remedial Massage, Chinese Herbalism, Exercise Physiology, Health Management) Sub-limits apply of \$300 per person
Periodic oral examination (012)#	\$31.80	\$17.00	
Scale & clean (114)#	\$61.50	\$35.00	
Fluoride treatment (121)#	\$19.20	\$14.50	
Surgical tooth extraction (322)	\$132.00	\$58.00	
Filling/tooth restoration (531)	\$79.50	\$37.50	
			#Payable once every 6 months
Major Dental & Endodontic	Members First	Other Recognised Providers	(combined limit - see General Dental) Sub-limits apply of \$300 per person
Full crown veneered (615)	\$300.00	\$300.00	
Dentures - complete (719)^	\$300.00	\$300.00	
Filling of one root canal (417)	\$152.40	\$84.00	
			Treatment is only covered if resulting from an accident after joining this cover and requiring immediate medical attention.
			^Dentures payable once every 3 years
Orthodontic	Recognised Providers		(combined limit - see General Dental) Sub-limits apply of \$300 per person
Braces for upper and lower teeth including removal plus fitting of retainer (881)	100% of charge up to limit		Treatment is only covered if resulting from an accident after joining this cover and requiring immediate medical attention.
Optical	Members First	Other Recognised Providers	
Frames (110)	n/a	n/a	
Single vision lens (212)	n/a	n/a	
Progressive lens (512)	n/a	n/a	
Physiotherapy	Members First	Other Recognised Providers	(combined limit - see General Dental) Sub-limits apply of \$300 per person
Physiotherapy initial attendance	\$49.20	\$23.00	
Physiotherapy subsequent attendance	\$40.20	\$16.00	
Chiropractic & Osteopathy	Members First	Other Recognised Providers	(combined limit - see General Dental) Sub-limits apply of \$300 per person
Chiropractic initial attendance	\$52.80 for the first 10 services then \$26.40	\$24.00 for the first 10 services then \$12.00	
Chiropractic subsequent attendance	\$33.60 for the first 10 services then \$16.80	\$16.00 for the first 10 services then \$8.00	
Osteopathy initial attendance	n/a	\$24.00 for the first 10 services then \$12.00	
Osteopathy subsequent attendance	n/a	\$16.00 for the first 10 services then \$8.00	
			Benefit is reduced to 50% of the original amount for services after the first 10 total services across Chiropractic and Osteopathy
Podiatry	Members First	Other Recognised Providers	(combined limit - see General Dental) Sub-limits apply of \$200 per person
Podiatry initial attendance	\$43.50	\$23.00	
Podiatry subsequent attendance	\$37.50	\$17.00	

Does not include Orthotics. Where applicable, benefits may be payable under Health Aids & Appliances.

Ante Natal - Midwife

Lactation consultant for feeding difficulties

Recognised Providers

n/a

Dietary
Recognised Providers

(combined limit - see General Dental)

Sub-limits apply of \$200 per person

Dietary initial attendance

\$37.00

Dietary subsequent attendance

\$19.00

Mental Health (incl. Psychology)
Recognised Providers

(combined limit - see General Dental)

Sub-limits apply of \$100 per person

(combined limit for Mental Health (incl. Psychology), Digital Mental Health)

Psychology initial attendance

\$81.00

Psychology subsequent attendance

\$71.00

Counselling initial attendance

\$32.00

Counselling subsequent attendance

\$28.00

Digital Mental Health
Recognised Providers

(combined limit - see Mental Health (incl. Psychology))

Online Cognitive Behavioural Therapy

100% of charge up to limit

Speech Therapy
Recognised Providers

Speech Therapy initial attendance

n/a

Speech Therapy subsequent attendance

n/a

Eye Therapy
Recognised Providers

Eye Therapy initial attendance

n/a

Eye Therapy subsequent attendance

n/a

Occupational Therapy
Recognised Providers

Occupational Therapy initial attendance

n/a

Occupational Therapy subsequent attendance

n/a

Acupuncture
Recognised Providers

(combined limit - see General Dental)

Sub-limits apply of \$300 per person (combined limit for Acupuncture, Remedial Massage, Chinese Herbalism, Exercise Physiology)

Acupuncture initial attendance

\$21.00

Acupuncture subsequent attendance

\$15.00

Remedial Massage
Recognised Providers

(combined limit - see General Dental)

Sub-limits apply (combined limit - see Acupuncture)

Remedial massage initial attendance

\$12.00

Remedial massage standard attendance

\$12.00

Chinese Herbalism
Recognised Providers

(combined limit - see General Dental)

Sub-limits apply (combined limit - see Acupuncture)

Chinese Herbalism initial attendance

\$17.00

Chinese Herbalism subsequent attendance

\$17.00

Exercise Physiology
Recognised Providers

(combined limit - see General Dental)

Sub-limits apply (combined limit - see Acupuncture)

Exercise Physiology initial attendance	\$21.00
Exercise Physiology subsequent attendance	\$15.00

Non PBS Pharmaceuticals
Recognised Providers

n/a

Health Management
Recognised Providers

(combined limit - see General Dental)

Sub-limits apply of \$50 per person

50% of charge up to limit

Home Nursing
Recognised Providers

Covers selected services	n/a
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Health Aids & Appliances
Recognised Providers

Asthma pump	n/a
CPAP devices	n/a
TENS machine	n/a
Hire repair and maintenance (6 month wait)	n/a

Hearing Aids
Recognised Providers

Hearing aid	n/a
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Blood Glucose Monitors
Recognised Providers

Blood glucose monitor	n/a
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Travel & Accommodation
Recognised Providers

Travel Expenses	n/a
Accommodation Expenses (per night)	n/a

^^Listed benefits are examples and are not exhaustive. Benefits listed for consultations relate to in-person/face-to-face treatment.

Yearly Limit

The maximum amount you can claim for a service per person, per calendar year. This limit resets on 1st January and doesn't 'roll over'.

Membership or Policy Limits

The maximum total amount claimable by everyone covered on a policy for the specified Extras service. Membership or policy limits apply per calendar year, in addition to individual yearly limits. The policy limit may not allow for all people on the cover to claim their individual limits.

Sub-limits

A limit within the yearly limit. It applies to a specific service or treatment within a broader service group. Once the sub-limit or yearly limit is reached, no more benefits can be paid for services provided in that calendar year.

Lifetime Limit

This limit applies to an individual, usually for orthodontic. Once the lifetime limit is reached, no more claims for this type of service are payable, even if you leave Bupa and start a new cover with us in the future.